

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF <i>Robert Walsh</i>	COURT CASE NUMBER # <i>1:04-cv-00259</i>
DEFENDANT <i>Violette Mera</i>	TYPE OF PROCESS <i>Medication</i>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN	
SERVE AT <i>U.S. ATTORNEY</i>	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <i>Robert Walsh</i> <i>92455 Carlisle</i> <i>Dearborn, MI</i> <i>48124</i>	Number of process to be served with this Form 285 <i>2</i>
	Number of parties to be served in this case <i>9</i>
	Check for service on U.S.A. <input checked="" type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

She is the one, who owe me the medication that wasn't tested for safety

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

Robert Walsh

313-274-8788

12-30-05

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY— DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <i>7</i>	District of Origin No. <i>68</i>	District to Serve No. <i>68</i>	Signature of Authorized USMS Deputy or Clerk <i>SB</i>	Date <i>1/10/06</i>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

Nicole M. Nicholas receptionist

Address (complete only different than shown above)

US Attorney's Office, 4th fl
US Courthouse
Pittsburgh, PA

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Date

1-12-06

Time

1315

☐ am
☒ pm

Signature of U.S. Marshal or Deputy

Chad A. R.

Service Fee <i>\$45.00</i>	Total Mileage Charges including endeavors) <i>0</i>	Forwarding Fee <i>0</i>	Total Charges <i>\$45.00</i>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS: *FOR WHIC 1-10-06*

Ms. Nicholas accepted this service for the U.S. Attorney Office.

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00